

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
							CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1			1				51	1						
2			1		1		52	1		1				
3	1		1				53	1			1			
4			1				54	1			1			
5	1		1				55		1					
6		1	1	1			56		1					
7		1	1	1			57		1					
8		1	1	1			58		1					
9		1	1	1			59		1					
10	1		1				60	1		1				
11	1		1				61	1		1				
12	1		1				62	1		1				
13	1		1				63	1		1				
14	1		1				64	1		1				
15	1		1				65	1		1				
16	1		1				66	1		1				
17	1		1				67							
18	1		1				68	1		1				
19	1		1				69							
20	1		1				70							
21	1		1				71							
22	1		1				72							
23	1		1				73							
24	1		1				74							
25	1		1				75							
26	1		1				76							
27		1	1	1			77							
28		1	1	1			78							
29			1				79							
30			1				80							
31			1				81							
32			1				82							
33			1				83							
34			1				84							
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36			1				86							
37			1				87							
38	1		1				88							
39	1		1				89							
40	1		1				90							
41	1		1				91							
42	1		1				92							
43	1		1				93							
44	1		1				94							
45	1		1				95							
46	1		1				96							
47	1		1				97							
48	1		1				98							
49	1		1				99							
50	1		1				100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

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